



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

ORLENE HAWKS
DIRECTOR

[REDACTED]
MI [REDACTED]

Date Mailed: March 6, 2020
MOAHR Docket No.: 19-012645
Agency No.: [REDACTED]
Petitioner: [REDACTED]

ADMINISTRATIVE LAW JUDGE: Colleen Lack

DECISION AND ORDER

Following Petitioner's request for a hearing, this matter is before the undersigned Administrative Law Judge pursuant to MCL 400.9 and 400.37; 7 CFR 273.15 to 273.18; 42 CFR 431.200 *et seq*; 42 CFR 438.400 *et seq*; and Mich Admin Code, R 792.11002.

After due notice, a hearing was held on January 14, 2020. [REDACTED] the Petitioner, appeared on her own behalf. Theresa Root, Appeals Review Officer, represented the Department of Health and Human Services (Department). Carolyn Malhoit, Medicaid Utilization Analyst, appeared as a witness for the Department.

During the hearing proceeding, the Department's Hearing Summary packet was admitted as Exhibit A, pp. 1-16.

ISSUE

Did the Department properly deny Petitioner's prior authorization request for periodontal scaling?

FINDINGS OF FACT

The Administrative Law Judge, based upon the competent, material and substantial evidence on the whole record, finds as material fact:

1. Petitioner is a [REDACTED] year-old Medicaid beneficiary, born [REDACTED] 1954. (Exhibit A, p. 7)
2. On or about October 25, 2019, Petitioner's dental provider sought prior approval for periodontal scaling for each quadrant, procedure codes D4342 and D4341. (Exhibit A, p. 7)

3. On November 13, 2019, the Department sent Petitioner a Notice of Denial indicating the request for periodontal scaling was denied because the procedure codes are not a covered benefit. (Exhibit A, pp. 5-6)
4. On December 9, 2019, the Michigan Office of Administrative Hearings and Rules (MOAHR) received Petitioner's Request for Hearing indicating she wanted her teeth extracted. (Exhibit A, p. 4)

CONCLUSIONS OF LAW

The Medical Assistance Program (MA) is established pursuant to Title XIX of the Social Security Act and is implemented by Title 42 of the Code of Federal Regulations (CFR). It is administered in accordance with state statute, the Social Welfare Act, the Administrative Code, and the State Plan under Title XIX of the Social Security Act Medical Assistance Program.

1.9 PRIOR AUTHORIZATION

Medicaid requires prior authorization (PA) to cover certain services before those services are rendered to the beneficiary. The purpose of PA is to review the medical need for certain services.

MDHHS Medicaid Provider Manual, Practitioner
Section, (October 1, 2019), p. 4.

Under the 6.5 Periodontics, the Medicaid Provider Manual sets forth criteria for authorizing periodontal procedures:

6.5 PERIODONTICS

Full mouth debridement is performed as a therapeutic, not preventive, treatment for beneficiaries to aid in the evaluation and diagnosis of their oral condition. It is the removal of subgingival and/or supragingival plaque and calculus.

Full mouth debridement is a benefit for beneficiaries age 14 and over once every 365 days. It is not covered when a prophylaxis is completed on the same day.

No other periodontal procedures are considered to be covered benefits.

MDHHS Medicaid Provider Manual,
Dental Section, (October 1, 2019), p. 20

The Department also provided a dental fee schedule indicating the procedure code D4355, full mouth debridement, is a covered benefit. Procedure codes D4342 and D4341 are not listed indicating they are not a covered benefit. (Exhibit A, pp. 10-14)

In this case, Petitioner's dental provider submitted a prior authorization request on or about October 25, 2019, for Petitioner for periodontal scaling for each quadrant, procedure codes D4342 and D4341. (Exhibit A, p. 7) The Medicaid Utilization Analyst explained that this would be an advance deep cleaning. (Medicaid Utilization Analyst Testimony) On November 13, 2019, the Department sent Petitioner a Notice of Denial indicating the request for periodontal scaling was denied because the procedure codes are not a covered benefit. (Exhibit A, pp. 5-6)

On December 9, 2019, MOAHR received Petitioner's Request for Hearing indicating she wanted her teeth extracted. (Exhibit A, p. 4) Petitioner's testimony indicated she wanted to have teeth extracted and get partial dentures. (Petitioner Testimony) However, the Department has not received a request for prior authorization for partial dentures for Petitioner. Further, the tooth charting on this prior authorization request form does not indicate a treatment plan to extract any teeth. (Exhibit A, p. 7)

On review, the Department's decision to deny the October 25, 2019, prior authorization request for periodontal scaling for each quadrant, procedure codes D4342 and D4341, was in accordance with the above cited policy. Under the above cited MPM policy, only full mouth debridement is a benefit for beneficiaries age 14 and over once every 365 days. No other periodontal procedures are considered to be covered benefits. Further, Petitioner's hearing request and testimony indicate she was not seeking periodontal scaling. It appears that the prior authorization request form was not properly completed for the treatment plan Petitioner discussed with the dental provider.

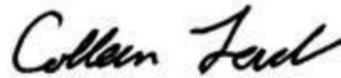
If they have not already done so, Petitioner's dental provider may submit a prior authorization request for partial dentures for Petitioner.

DECISION AND ORDER

The Administrative Law Judge, based on the above Findings of Fact and Conclusions of Law, decides that the Department properly denied Petitioner's October 25, 2019, prior authorization request for periodontal scaling based on the available information.

IT IS, THEREFORE, ORDERED that:

The Department's decision is **AFFIRMED**.



CL/dh

Colleen Lack
Administrative Law Judge
for Robert Gordon, Director
Department of Health and Human Services

NOTICE OF APPEAL: A party may appeal this Order in circuit court within 30 days of the receipt date. A copy of the circuit court appeal must be filed with the Michigan Office of Administrative Hearings and Rules (MOAHR).

A party may request a rehearing or reconsideration of this Order if the request is received by MOAHR within 30 days of the date the Order was issued. The party requesting a rehearing or reconsideration must provide the specific reasons for the request. MOAHR will not review any response to a request for rehearing/reconsideration.

A written request may be mailed or faxed to MOAHR. If submitted by fax, the written request must be faxed to (517) 763-0155; Attention: MOAHR Rehearing/Reconsideration Request.

If submitted by mail, the written request must be addressed as follows:

Michigan Office of Administrative Hearings and Rules
Reconsideration/Rehearing Request
P.O. Box 30763
Lansing, Michigan 48909-8139

DHHS -Dept Contact

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Petitioner

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